



The Commonwealth of Massachusetts

Department of Public Safety

DIVISION OF INSPECTION

HOISTING LICENSE

Cashier's
Transaction Number

Application for License to Operate Hoisting Machinery when Motive Power is Mechanical and other than steam in
Accordance with the Provisions of Massachusetts General Law Chapter 146 section 53.

Application must be filled out in **ink** and accompanied by the non refundable processing fee of \$75.00
Mail Application to: Department of Public Safety, 1 Ashburton Place, room 1301, Boston, MA 02108-1618
Attn: Cashier's Office

1. Choose the Grade of hoisting license that you are seeking to be licensed:

*** You will only be allowed to sit for the exam you indicate by the restrictions checked in this section ***

Restrictions:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1A - Derricks / Lattice Cranes | <input type="checkbox"/> 1B - Telescoping Boom w/rope cranes | <input type="checkbox"/> 1C - Telescoping booms w/o rope, forklifts |
| <input type="checkbox"/> 2A - Excavators | <input type="checkbox"/> 2B - Front end loader/backhoes | <input type="checkbox"/> 2C - Front end loaders / unloaders |
| <input type="checkbox"/> 3A - Air or electric powered | <input type="checkbox"/> 4A - Unlimited Specialty Series | <input type="checkbox"/> 4B - Drill Rigs |
| <input type="checkbox"/> 4C - Pipeline side booms | <input type="checkbox"/> 4D - Concrete Pumps | <input type="checkbox"/> 4E - Catch Basin Cleaner |
| <input type="checkbox"/> 4F - Sign Hanging Equipment | <input type="checkbox"/> 4G - Specialty Lawn Mower | <input type="checkbox"/> HA - Hoisting Apprentice |

2. Full Name: _____ Social Security Number: _____
(first name) (middle Initial) (last name)

3. Home Address: _____
(number) (Street) (City) (State) (Zip Code)

4. Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

5. Date of Birth: _____ Place of Birth: _____ Phone #: _____
(month / day / year) (city / town)

6. Name and Address of Employer: _____

7. State full title of occupation: _____

8. Have you ever been examined for a Massachusetts license to operate hoisting machinery? _____ YES _____ NO

9. Do you hold a Massachusetts license to operate hoisting machinery? _____ YES _____ NO

If so, list license number: _____
License number License Grade Expiration date

10. Do you hold a valid motor vehicle driver's license to operate a motor vehicle? ☒ YES ☒ NO***

*** If NO, STOP HERE, and do not continue. You MUST have a driver's license in order to sit for this license.

Prerequisites: ALL of the following items MUST be submitted with this application in order for your application to be processed properly. Failure to submit all required information and proper fee will result in unnecessary delays.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed Application with proper mailing AND home address, social security number. |
| <input type="checkbox"/> | Attached 1" x 1.25" photo |
| <input type="checkbox"/> | Copy of valid Motor Vehicle License or C.D.L. license |
| <input type="checkbox"/> | D.O.T. certificate documentation that you meet the criteria for a D.O.T. medical examination or 1998 ANSI B30.5 qualifications for operators, or similar medical documentation. |
| <input type="checkbox"/> | Non-refundable application processing fee (\$75) |

[illegible]

Signature of Applicant

Date

APPLICANT MUST SIGN THEIR FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH

Signature of Applicant

Date

The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and subscribed by them are true, this _____ day of _____, in the year 20_____

EXPIRATION DATE: _____ RESULTS: _____
 Previous License Grade Held: _____ LICENSE GRADE: _____